



Express Mail Label No.
EV619613528US

Attorney Docket No.: ABGX-2-CIP CPA

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Marianne DiBrino, Ph.D.
Group Art Unit : 1644
Applicants : Michael Gallo et al.
Application No. : 09/375,924 Confirmation No. : 5797
Filed : August 17, 1999
For : GENERATION OF MODIFIED MOLECULES WITH
INCREASED SERUM HALF-LIVES

New York, New York
June 28, 2005

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

**PETITION TO WITHDRAW HOLDING OF ABANDONMENT
BASED ON FAILURE TO RECEIVE OFFICE ACTION**

Sir:

Applicants respectfully request that the holding of abandonment in the above-identified application be withdrawn and the October 18, 2004 Office Action be re-issued.

Applicants' attorney, the undersigned, first became aware of the Office Action after an inquiry from the Examiner and receipt of a faxed copy of an October 18, 2004 Office Action on May 23, 2005. During a June 3, 2005 telephone call, the Examiner informed applicants' attorney, the undersigned, that applicants had failed to respond to the Office Action, originally

mailed October 18, 2004.

Adjustment date: 10/14/2010 CKHLOK
06/30/2005 EFLORES 00000011 061075 09375924
01 FC:1464 130.00 CR

06/30/2005 EFLORES 00000011 061075 09375924

01 FC:1464 130.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>10/12/10</u>		2 Serial/Patent # <u>09375924</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input type="checkbox"/> Filing			\$							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition		06/28/05 \$ 130.00							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>130.00</u>							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
<input type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>6</td><td>--</td><td>1</td><td>0</td><td>7</td><td>5</td></tr></table>		0	6	--	1	0	7	5
0	6	--	1	0	7	5				
<input checked="" type="checkbox"/>	No Fee Due (Explanation): Holding of Abandonment is withdrawn.									
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Christina Tartera Donnell</u>		TITLE: <u>Petitions Attorney</u>								
SIGNATURE: <u>/christina tartera donnell/</u>		PHONE: <u>571-272-3211</u>								
OFFICE: <u>Office of Petitions - 4700</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****										
APPROVED: <u>CKhok</u>		DATE: <u>10/14/10</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B